

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9122

-62-036083

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDMENT

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED SEP 28 1962

VS 300  
Rev. 4/59

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DATE AMENDED

2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR  
TOWN

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR  
TOWN

d. STREET ADDRESS

ADDRESS

1166 Long Ridge

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## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

DATE

OF DEATH

9-20-62

9-20-62

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## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3-25-1883

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## 9. AGE (last birthday)

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## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

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## 10b. KIND OF BUSINESS OR INDUSTRY

Retired

Retired

Retired

Retired

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Retired&lt;/

Dr James Murphy.  
Mo Chest Bldg.  
1-30 till 4pm

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Herbert J. Law Jr.*

Licensed Embalmer No. 4800

P. O. Address

Kibwood 22 Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.